

Cost of Living Plan

Monthly Expenses



Designated Income Amount					Current Total	Future Total
Income Source					Current Total	Future Total
Amount	\$	\$	\$	\$		\$
Housing	Current	Future	Entertainment		Current	Future
Rent/Mortgage			Going Out			
Taxes			Activities			
Gas/Electricity			Vacation			
Water/Sewage/Garbage			Books/Music			
Telephone (home phone)			Hobbies			
Renters/House Insurance			Cable/Movies/Rental			
Other			Other			
Food	Current	Future	Finance		Current	Future
Groceries			Check Cash			
Meals Out			Money order			
Other			Bank fees			
Other			Other			
Transportation	Current	Future	Savings		Current	Future
Car Payment			Savings Account			
Gas			Investments			
Repairs/Maintenance			IDA/Other			
Parking			Miscellaneous		Current	Future
Bus/Taxi			Child Care			
Car Insurance			Child Support			
Other			Charity			
Health	Current	Future	Education			
Medical costs/insurance			Dues/Subscriptions			
Dental costs/insurance			Pets/Vet bills			
Eye costs/insurance			Gifts/Holidays			
Other			Cigarettes			
Other			Sporting events			
Clothing/Personal	Current	Future	Children's activities			
Shoes			Other			
Clothes			Other			
Laundry/Dry Cleaning			Debt		Current	Future
Haircut/Nails			Credit Card			
Toiletries			Loan			
Cell Phone			Loan			
Other			Medical Bills			
Other			Other			
Current Living			Future Living			
Total Income - Total Expenses =			Total Income - Total Expenses =			

Cost of Living Plan

Notes: _____

Date: _____

Client Name: _____

COLP reviewed with client: Date: _____

CM Initials: _____

COLP reviewed with client: Date: _____

CM Initials: _____

COLP reviewed with client: Date: _____

CM Initials: _____

COLP reviewed with client: Date: _____

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